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Bib Data Sheet

CONFIRMATION NO. 3184

SERIAL NUMBER 10/674,247	FILING DATE 09/29/2003  RULE	CLASS 047	GROUP ART UNIT 3644	ATTORNEY DOCKET NO. 8403.968
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/195,030 07/08/2002 ABN  
 which is a DIV of 09/636,539 08/10/2000 ABN  
 and is a CIP of 10/166,285 06/06/2002 ABN  
 which is a CIP of 09/556,670 04/24/2000 ABN  
 which is a CON of 09/149,729 09/08/1998 ABN  
 which is a CON of 09/098,898 06/17/1998 ABN  
 which claims benefit of 60/050,867 06/26/1997  
 This application 10/674,247  
 is a CIP of 10/375,883 02/27/2003  
 which is a CON of 10/015,341 12/13/2001 PAT 6,546,695  
 which is a CON of 09/769,711 01/25/2001 PAT 6,341,471  
 which is a CON of 09/464,684 12/16/1999 PAT 6,195,962  
 which is a CON of 09/136,438 08/18/1998 PAT 6,023,912  
 which is a CON of 08/862,659 05/23/1997 PAT 5,832,695  
 which is a CON of 08/452,905 05/30/1995 PAT 5,651,233  
 which is a DIV of 08/218,952 03/25/1994 PAT 5,595,048  
 which is a CIP of 08/095,331 07/21/1993 PAT 5,428,939

*F. Palo*  
*7/6/05*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/18/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 8	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 10
Verified and Acknowledged	Examiner's Signature <i>F. Palo</i> Initials				

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## TITLE

Wrapper for floral grouping formed of cloth and polymeric film

<p>FILING FEE  RECEIVED 3120</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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